

City of Charleston, South Carolina

Police Department

180 Lockwood Boulevard

Charleston, South Carolina 29403

Phone: (843) 577-7434

Fax: (843) 577-2806

Website: www.charleston-pd.org

**City of Charleston
POLICE DEPARTMENT
Application for Employment**

Position Applied For:

Date:

READ ALL DIRECTIONS BEFORE BEGINNING

I. GENERAL INSTRUCTIONS: Type an answer to every question. If a question does not apply to you, state N/A. If space available is insufficient, use a separate sheet and precede each answer with number of the referenced block. **DO NOT MISSTATE OR OMIT** material facts since the statements made herein are subject to verification to determine your qualifications for employment. Providing false or misleading information or omitting pertinent information will result in your ineligibility for employment. If discovered after an offer is extended or employment began it will result in the withdrawal of the offer or discharge. In the event that you are selected for employment, your employment will be **AT WILL**. This means that the employee or the City may end the employment relationship at any time with or without reason or notice.

Name (Last, First, Middle)

Aliases, Nickname(s), Maiden Name

Height

Weight

Social Security No.

Date of Birth

Sex

Race

Present Address:

City, State, and Zip

Primary Phone

Alternate Phone

Email:

Place of Birth (City, State)

(Attach a copy of birth certificate or citizenship certificate)

U.S. Citizen Naturalized Certificate No.

If derived, Parent's Certificate No.

CIVILIAN APPLICANT ONLY: Are you able to provide proof that you are authorized to work in the United States?

Yes

No

Have you been employed with the City of Charleston before? If so, when?

Yes

No

Why did you leave?

Position held

Have you tested with us before? If so, when?

Yes

No

2. MILITARY STATUS

Have you served on active duty in the U.S. Armed Forces?

If yes, attach a photocopy of your discharge or separation papers.

Yes

No

While in military service were you ever arrested for an offense which resulted in a trial by deck court or by summary, special or general court-martial?

Yes

No

If yes, give date, place, law enforcement authority or type of court or court-martial, charge and action taken on each incident.

Are you presently a member of the U.S. Reserve or National or State Guard organization?
(Attach a copy of DD214 Form, Copy 4)

Yes

No

If yes, please complete the following:

Grade and Service No.

Active

Inactive

Standby

Organization and Station or Unit and Location

3. EDUCATION

| High School Name | Course of Study | Did you graduate? | Date of graduation? | Degree received |
|------------------|-----------------|-------------------|---------------------|-----------------|
|------------------|-----------------|-------------------|---------------------|-----------------|

| College Name | Course of Study | Did you graduate? | Date of graduation | Degree received |
|--------------|-----------------|-------------------|--------------------|-----------------|
|--------------|-----------------|-------------------|--------------------|-----------------|

| Graduate school name | Course of Study | Did you graduate? | Date of graduation | Degree received |
|----------------------|-----------------|-------------------|--------------------|-----------------|
|----------------------|-----------------|-------------------|--------------------|-----------------|

Other studies

4. SPECIAL QUALIFICATIONS & SKILLS Indicate type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued and date current license expires (EXCEPT VEHICLE OPERATOR'S LICENSE)

Special skills you possess and machines and equipment you can use. (For example, Word, Excel, Powerpoint, short wave radio, key punch, transcribing machine, scientific or professional devices, comptometer, multilith or turret lathe.)

5. HONORS or AWARDS RECEIVED

6. WHAT OTHER AGENCIES HAVE YOU APPLIED TO?

7. VEHICLE OPERATOR'S LICENSE INFORMATION

Give the following information concerning any vehicle OPERATOR's license you have held within the last five years or now hold.

| Kind of license | Place issued | License No. | Date of Exp. | Endorsements/Restrictions |
|-----------------|--------------|-------------|--------------|---------------------------|
|-----------------|--------------|-------------|--------------|---------------------------|

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?

Yes

No

If yes, explain fully.

8. HISTORY OF EMPLOYMENT

Please list all positions you have held within the last ten (10) years (including temporary, regular, and part-time) in date order, with the most recent first. Include any verifiable work experience you may have performed on a volunteer basis and military service if applicable. NOTE: Please fill in all blanks. It is acceptable to write "See Resume" in the block for "brief job description" only. Failure to complete the application in full could result in not being considered for employment.

MOST RECENT EMPLOYER

Indicate if: Full-time Part-time Temporary Seasonal

From To May we contact them?
Yes No

Company Name Phone Number

Address

Ending Position Ending Salary

Supervisor's Name and Title

Supervisor's phone number Mobile phone number

Email of supervisor

Job Description

Reason for Leaving

| Indicate if: | Full-time | Part-time | Temporary | Seasonal |
|--------------|-----------|-----------|-----------|----------|
| From | | | To | |

Phone Number

Ending Salary

Mobile phone number

Reason for leaving

| Indicate if: | Full-time | Part-time | Temporary | Seasonal |
|--------------|-----------|-----------|-----------|----------|
| From | | | To | |

Phone Number

Ending Salary

Mobile phone number

Reason for leaving

| Indicate if: | Full-time | Part-time | Temporary | Seasonal |
|--------------|-----------|-----------|-----------|----------|
| From | | | To | |

Phone Number

Ending Salary

Mobile phone number

Reason for leaving

If you were employed under a different name in any of these positions, please provide name and applicable company.

Have you ever been discharged or asked to resign, furloughed or put on inactive status for cause, or subjected to disciplinary action while in any position (except military?)

Yes

No

If yes, state circumstances

Have you ever resigned (quit) after being informed your employer intended to discharge (fire) you for any reason?

Yes

No

If yes, explain, giving name and address of employer, approximate date and reasons in each case.

9. CRIMINAL HISTORY

Have you ever been arrested or detained by a law enforcement agency?

Yes

No

Have you or your spouse been involved in any court action, CIVIL (i.e. divorce, child support, landlord tenant) or CRIMINAL? Include all traffic violations, parking, etc. in this state or elsewhere.

Yes

No

If yes, list below the date, place, and full details of each incident, to include any court case number(s).

Have you ever been fingerprinted for any reason (arrest, job applicant, etc.)?

Yes

No

If yes, state reason.

10. RESIDENCES (List all addresses where you have resided for the past ten (10) years, beginning with your present address.)

Current Address

From

To

Address

From

To

Address

From

To

Address

From

To

11. CHARACTER REFERENCES (Do not include relatives, former employers or persons living outside the United States or its Territories). List only character references that have definite knowledge of your qualifications and fitness for the position for which you are applying. **DO NOT REPEAT** names of supervisors or co-workers. List five (5) character references.

Name

Address

Phone number

Email

Alternate phone number

Years known

Relationship

Name

Address

Phone number

Email

Alternate phone number

Years known

Relationship

Name

Address

Phone number

Email

Alternate phone number Years known Relationship

Name

Address

Phone number Email

Alternate phone number Years known Relationship

Name

Address

Phone number Email

Alternate phone number Years known Relationship

12. SUBVERSIVE ORGANIZATION

Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means?

Yes

No

If YES to the answer above, describe the circumstances. If associated with any of these organizations, specify nature and extent of association with each, including office or position

held, also include dates, places and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organizations with which they were or are affiliated.

13. FOREIGN LANGUAGES

Please indicate any foreign languages you can speak, read and/or write.

Fluent

Good

Fair

| | | | |
|-------|--|--|--|
| Speak | | | |
| Read | | | |
| Write | | | |

14. Referral Source (Check one)

Advertisement

City Employee

If employee, specify name

Friend

Walk-in

Employment Agency

I have read and understand all the information contained in this application and any attachments hereto. I authorize the release of information concerning my qualifications, character, or prior education and employment records to the Charleston Police Department through inquiries to appropriate sources. I further certify, under penalty of perjury, that all statements made in this application and/or attachments are true and complete to the best of my knowledge and belief and understand misstatements or missing information is cause for rejection of application, removal of name from eligibility list, or if hired, dismissal from position. In the event that I am selected for employment, my employment will be AT WILL. This means that I or the City may end the employment relationship with or without reason or notice.

Signature

Date



Charleston Police Department
Security Profile – Applicant's Portion

Full Name: Last

First

Middle

Date of Birth

Sex

Race

Social Security Number

Driver's License number

Driver's License State

List all other names you have used (maiden, former, aliases, nicknames, etc.)

Last

First

Middle

List all states you have resided

Have you ever been arrested or charged with any violation including traffic, whether convicted or dismissed? **DO NOT INCLUDE PARKING AND MINOR (4 points or less) SPEEDING OR TRAFFIC TICKETS.**

Date

Place & Department

Charge

Court & Place

Disposition

Date

Place & Department

Charge

Court & Place

Disposition

ATTESTATION and VERIFICATION of APPLICANT

I hereby attest and affirm that the information supplied herein is true to the best of my knowledge. I understand that this form will be used in a pre-screening criminal background check. I understand if I am employed, falsified statements in this application may be considered sufficient cause for immediate dismissal.

Applicant's Signature

Date